

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-014700

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **98**

Primary Registration District No. **4151**

Registrar's No. **10**

FILED APR 25 1962

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STEELVILLE		c. CITY OR TOWN STEELVILLE	
Length of stay in 1b 60YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STEELVILLE		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GENTRY Middle HUTSON Last HUTSON		4. DATE OF DEATH Month APRIL Day 17 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING + LABOR		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) SLIGO, MO		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ROUSTER HUTSON		13b. MOTHER'S MAIDEN NAME MARY WALLACE	
14. NAME OF HUSBAND OR WIFE GEORGIA ALMA HUTSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT HARVEY HUTSON Address CUBA, MO	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden death of apparently healthy individual Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. -DUE TO (b) healthy individual DUE TO (c) 2 minutes		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION STEELVILLE MO	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 5/22/1948 to 3/10/62 and last saw him alive on 4/15/62 Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harvey Hutson		22b. ADDRESS Steelville Mo	
22c. DATE SIGNED 4/16/62		22d. DAY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-20-1962	23c. NAME OF CEMETERY OR CREMATORY NEW HOME	
23d. LOCATION (City, town, or county) CHERRYVILLE MO.		23e. STATE	
24. FUNERAL DIRECTOR JONAS FUNERAL HOME, STEELVILLE, MO		25. DATE RECD. BY LOCAL REG. 4/20/62	
26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichner		26. DATE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10280

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APR 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Steelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.